

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM TOS-875)

SERIAL NO.

101779,467

FILING DATE

Update

APPLICANT(S)

2/12/04 7/18/04 7/16/04 CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		1		1		1
4		2		2		2
5		1		1		1
6		1		1		1
7		1		1		1
8		3		3		3
9		3		3		3
10		1		1		1
11		1		1		1
12		1		1		1
13		1		1		1
14		1		1		1
15		1		1		1
16		1		1		1
17		1		1		1
18		1		1		1
19		1		1		1
20		1		1		1
21		1		1		1
22		2		2		2
23		1		1		1
24		1		1		1
25		1		1		1
26		1		1		1
27						1
28						2
29						1
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TOTAL IND.	1	↓	1	↓	1	↓
TOTAL DEP.	31	←	31	←	35	←
TOTAL CLAIMS	32		32		36	

	AS FILED		AFTER 1 st AMENDMENT		AFTER: 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						